

# PART B - FEE(S) TRANSMITTAL

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Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any correction or change.)

7590

01/18/2002

Ira C Edell  
Epstein Edell & Retzer  
1901 Research Blvd Suite 400  
Rockville, MD 20850



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/424,915

12/10/1999

David Franklin

C0249-AUD

8821

TITLE OF INVENTION: METHOD AND APPARATUS FOR IMPROVING CLASSROOM AMPLIFICATION SYSTEMS AND OTHER RF-TYPE AMPLIFICATION SYSTEMS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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24

nonprovisional

YES

\$640

\$0

\$640

04/18/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
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NGUYEN, THUAN T

2684

455-003010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	_____
2	_____
3	_____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Audiological Engineering Corporation

Somerville, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

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04/16/2002 TTRAME 00000049 09424915

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